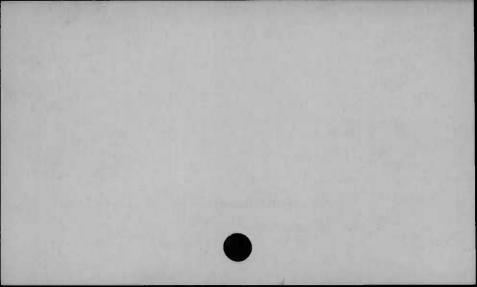
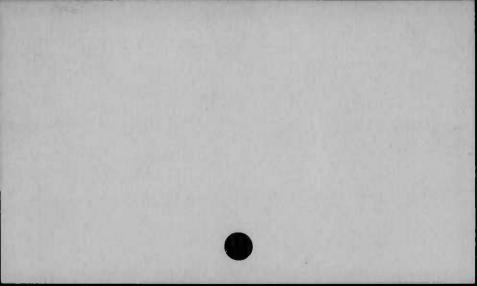
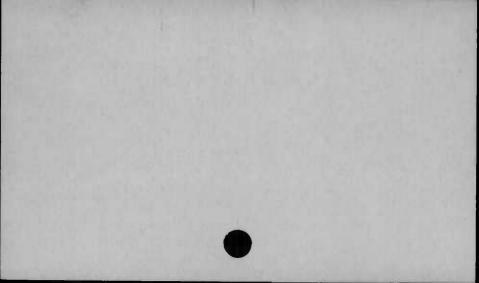
Certificate of Death marion Toronn Died at Naujemy Chas. Occupation Date 189 8 Scht 12 Age 2/ Horsemofer Number of children living Wife of J Mae Brown Name - P Hancock Name Sallie Hancock Primary Quesperal 121 How long sick / day Death Immediate The Einfulsions 4 P. P. Huw, Accident Sand Amende Reported by Att Cake Mo - Caced 6 or 8 honor after confinent & found in sinking Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, RESID



Name in Full Certificate of Death Claude Edelin Number of children living dward Ediline Mother's Father's Infhoiol Fency Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 65968



Name in Full Certificate of Death Occupation White. Married Divorced Female Colored Single Widower Number of children living Husband Father's How long sick Pulmoney promothing Chappelean 12 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



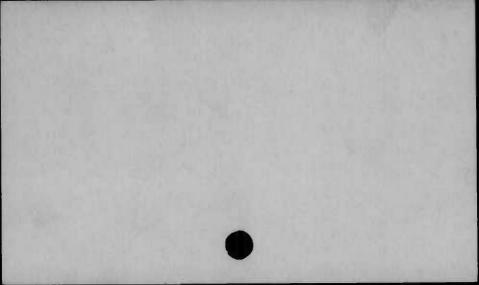
Died at Native of Occupation Date 189 Marrios Widaw Widower Number of children living Single Husband Wife Father's Cause of Primary Death Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Certificate of Death

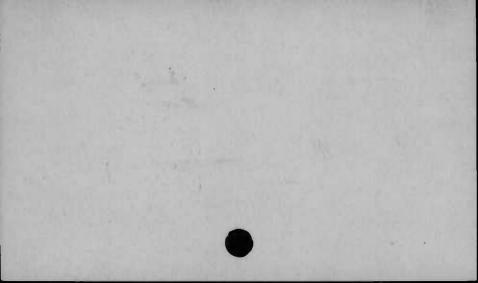
Name in Full

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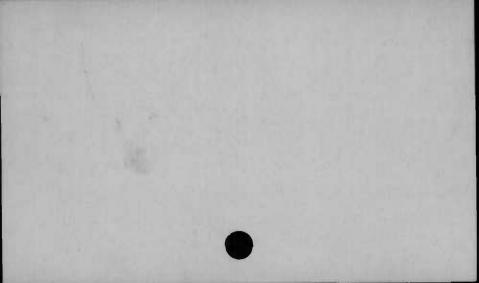
Certificate of Death Name in Full Occupation Age about 40 722 d Date 189 8 Married Widower Number of children living Colored Single Female Mother's Father's Name Name Immediate Post parline himorhem Reported by H. C. Chappelean Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. TIRRARY BURTAIT SERSO



Name in Full Certificate of Death Colored Female Widowa Number of children living Husband Wife Father's Mother's Cause of Primary Death Immediate Accident, Suicide, Homicide Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Ful! Certificate of Death Elizabeth Prye Comon /cen neglected Theumonia Immediate Phlisis 22a Reported by Ruel R. Complex ou to Pomon Key Charles Go, Ma Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full Certificate of Death Month Date 189 8 Married Widow Female Number of children living Husband Wife Father's Mother's Name Name How long sick Cause of Death Immediate Accident, Suicide, Homicide Reported by Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 55968

Mo doin. P.C.I. 27

Name in Full	0 1	1			Certificate of Death
	O T.	Sass	er		
Died at Hali	and		County Char	MARYLAND	
Date 189 8	Month Day	Age 67	, M. D. N	ative of	Occupation
Male	White	Married	Widow	Divorced	
Pennie	C olore d	Single	Widower	Number of o	children living
Husband Of Wife					
Father's Mother's					
Name			Name		
Cause of Primary	y		161		How long sick minth.
Death Immed	iate				Accident, Suicide, Homicide
Reported by Cecil Democrat 10-8					
Address					
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.					

